

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Public Health Service  
Indian Health Service

Refer to: OEHE

ALBUQUERQUE AREA INDIAN HEALTH SERVICE CIRCULAR NO. 94-01

INFECTIOUS MEDICAL WASTE

Sec.

1. Purpose
  2. Background
  3. Policy
  4. References
  5. Effective Date
- Appendix A  
Exhibits A & B

1. **PURPOSE** To provide the Albuquerque Area Indian Health Service (AAIHS) with information and guidance on the handling, transporting, destruction, and disposal of infectious medical waste. Infectious medical waste is defined as: **Discarded material with the potential of causing an infection.** The handling, transporting, and destruction and disposal of other types of medical waste, including radiological and chemotherapeutic wastes, are not addressed in this circular.
2. **BACKGROUND** Prior to 1992, the primary means of disposal of medical waste was on-site incineration. The Environmental Protection Agency (EPA) is tentatively scheduled to publish an updated set of Air Pollution Abatement requirements during 1993. This follows the New Mexico Environment Department (NMED) Air Quality Regulation published on March 8, 1991. If the new EPA requirements are similar to the NMED regulations, the cost of maintaining and operating on-site incinerators for medical waste destruction at AAIHS facilities will be prohibitive.

In addition, on December 31, 1991 the NMED published an updated version of Solid Waste Management Regulations that included medical waste transport and disposal within New Mexico. *Under legal precedent, States do not have jurisdiction over federally-owned property on Tribal lands, but States do have jurisdiction over the transport of medical wastes on State and Federal roadways.* Medical waste transported on State or Federal roadways in New Mexico must comply with the transportation requirements of the New Mexico Solid Waste Management Regulations.

- Distribution: All Indian Health Service Manual Holders  
Date: November 15, 1993

Therefore, AAIHS has two alternatives to on-site incineration. AAIHS may enter into contract with a State approved medical waste hauler, or have AAIHS employees haul the wastes. These alternatives are described further in Section 3, Policy.

3. **POLICY**

All AAIHS health facilities (medical and/or dental) will have a documented infectious medical waste program in place which includes a written policy, a written containment procedure, personal protective equipment, and documented yearly training. On-site incineration will be discontinued until the resolution of the jurisdiction issue. This policy applies to **all** AAIHS health facilities. Health and dental facilities **outside** of New Mexico will dispose of medical waste by using only option A. 1). Medical waste disposal **within** New Mexico can be conducted by using either Options A. 1) or 2) as listed below.

A. **OPTIONS**

- 1) The Service Unit or Area Office will contract with a State approved medical waste hauler and disposal company for local pickup at each health facility.
- 2) The Indian Health Service (IHS) Hospitals or Service Units will transport the medical waste. IHS Hospitals will dispose of the waste on-site by a State or Federal approved decontamination method like sterilizing (autoclave) or chemical disinfection (bleach, etc.). The decontaminated waste will be disposed in a State or EPA approved landfill or will be picked up by a State approved medical waste hauler and disposal company. IHS transporters will comply with the provisions and requirement of the New Mexico State Solid Waste Regulations as set forth in Appendix A: Handling of Infectious Medical Waste, Exhibit A: Contingency Plan and Exhibit B: Medical Waste Manifest.

B. **STORAGE**

Medical waste will be removed from on-site storage within 45 days. Storage and containment areas will be provided at each health facility to store these wastes and to protect them from the elements. The storage areas must be vented to the outdoors, restrict unauthorized access, and display prominent warning sign(s) " Medical Waste" or "Biohazard" on or adjacent to the exterior door(s) or gate(s). The warning signs

must be easily read during daylight from a distance of 25 feet. Waste kept on-site for more than 4 days should be refrigerated. Leaks will be cleaned up immediately.

C. TRANSPORTATION

Service units will ensure that at least two employees are properly trained in medical waste transport at all times. The required personal protective equipment (PPE) will be provided and stored within the transporting vehicle and at the disposal site. Each IHS hospital disposal site will have one primary individual and one alternate designated as official contact persons in the event of an infectious medical waste transportation incident. Each hospital shall provide to the Area Office, Division of Environmental Health Services (DEHS), the names and office telephone numbers of the contact personnel, and update these assignments by the second of January each year. DEHS will forward an updated listing to the State by the first of March each year. Technical support will be provided at the Area level by the Office of Environmental Health and Engineering through the DEHS, (505) 766-2155, or by the appropriate District Sanitarians located at Santa Fe Service Unit (505) 988-9821, ext. 462, Albuquerque Service Unit (505) 256-4016, and Acoma-Canoncito-Laguna Service Unit (505) 552-6641.

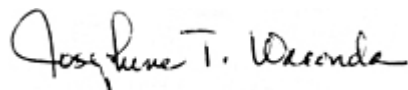
4. **REFERENCES**

Air Quality Control Regulation 2020 - Biomedical Waste Combustion (AQCR 2020), March 8, 1991, New Mexico Environment Department.

Solid Waste Management Requirements, Part VIII Special Waste Requirements, Section 706, Infectious Waste, December 31, 1991, New Mexico Environment Department.

5. **EFFECTIVE DATE**

This circular is effective upon date of signature, and will remain in effect until superseded.



Josephine T. Waconda  
Assistant Surgeon General  
Area Director  
Albuquerque Area Indian Service

**HANDLING OF INFECTIOUS MEDICAL WASTE**

1. IHS TRANSPORTERS

- A. Infectious medical waste will be transported in a separate section of the vehicle in a leak-proof and easily cleaned transfer box made of stainless steel, fiberglass, hard rubber, plastic, etc. The transfer box will be labeled "Biomedical Waste" or "Biohazard". The waste must be packaged in accordance with the requirements listed in OSHA 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens", and OSHA 29 CFR 1910.145, "Specifications for Accident Prevention Signs and Tags". Bags must be red or orange, properly sealed, and clearly identified before being placed into the vehicle's transfer box. The transfer box's lid is to be closed and secured before the waste is transported.
- B. Personnel loading the vehicle will be provided with appropriate personal protective equipment (PPE). This will include gloves (type used in laboratory), shoe covers, eye wear and coveralls. Dust and mist respirators will be issued to the personnel after these personnel have received training and mask fit testing.
- C. If the medical waste bags and containers are properly sealed, the transporter personnel will not be required to wear the PPE to load or unload the vehicle.
- D. The vehicle will be identified as a U.S. Government vehicle.
- E. All infectious medical waste transporters will have an on-site management plan. A copy of the plan (Exhibit A) will be carried with PPE and a spill kit in the vehicle.
- F. The waste will be manifested using the Medical Waste Manifest (Exhibit B).

2. IHS DISPOSAL

Currently, autoclave sterilization followed by landfill disposal is the only approved method for use at the service unit level. The following requirements must be met:

- A. Written operating procedures for autoclaving must be in place at the health facility and include: set standards for time of exposure, temperature, pressure, types of waste allowed, types of containers, closures on containers, maximum water content, approved loading pattern, and maximum load quantity.
- B. Infectious waste shall be subjected to sufficient temperature, pressure, and time to kill Bacillus stearothermophilus spores, or to induce a complete color change in an approved sterilization indicator when the indicator is located in the center of the waste load that is being decontaminated. The autoclave will be evaluated using the above biological indicator procedure after every 40 hours of operation. A written log of usage and periodic evaluations will be maintained for each autoclave. During the time between the 40-hour evaluations, a strip of pressure sensitive (indicator) tape will be attached to each bag of medical waste before it is placed in the autoclave. The tapes will be checked after autoclaving to insure the sterilization of the waste.
- C. A copy of the completed Medical Waste Manifest will be supplied to the solid waste hauler when the sterilized waste is removed from the health facility and taken to a State or EPA approved sanitary landfill.

CONTINGENCY PLAN  
ALBUQUERQUE AREA INDIAN HEALTH SERVICE

During medical waste transport, applicable manifests will be kept either above the driver's visor, in the driver's door pocket, or on the seat next to the driver. Medical waste transport will be conducted only between 7 a.m. and 5 p.m., Monday through Friday (except during holidays or other occasions when the receiving facility is out of service).

Leaks/Spills

Upon discovery that any infectious medical waste leakage or spillage has occurred, the vehicle driver (or other employee discovering the leakage) must first determine the extent of the spill or leakage. The individual will evaluate the potential for the released waste to enter an uncontrolled environment and endanger human health or the environment, or present an aesthetically unpleasant condition.

If waste has escaped from the container but is contained within the transport vehicle and/or transfer box, the vehicle is still operable, and the vehicle destination is the receiving facility, then the transport vehicle shall cautiously proceed to the receiving facility. At the receiving facility, the vehicle will be cleaned and disinfected in accordance with established procedures before being placed back into use.

If waste has or may have spilled or leaked into an uncontrolled environment, or if the vehicle is in transit to any destination other than the receiving facility, the driver shall immediately take the following steps to repackage, clean, and disinfect contaminated areas of the vehicle and/or areas outside the vehicle. Upon reaching the vehicle's destination, the transporter will contact the service unit's contact person. The contact person will compile a report for the Service Unit Director that contains the reason for the spill and corrective action to be taken to prevent the same type of spill.

### Repackaging

All affected medical waste materials shall be repacked in 3-mil tear-resistant red plastic biohazard bag(s) and placed in a cardboard container(s) specifically designed for the transport of medical waste. This includes:

- \* Medical wastes remaining in the leaking container(s).
- \* Non-liquids that have spilled from the container(s).
- \* The leaking or damaged container(s).
- \* All gloves, clothing, rags, sponges and rinsate used in spill cleanup.
- \* Liquid collection and decontamination operations.

### Decontamination

After repackaging all non-liquid medical waste materials, all waste contact surfaces shall be thoroughly saturated with one of the following:

- \* A disinfecting solution of water and at least twenty-five percent (25%) bleach.
- \* A chemical disinfectant such as iodoform for thirty (30) seconds.
- \* A quaternary ammonium antimicrobial product for thirty (30) seconds.

These waste contact surfaces shall include:

- \* All contact surfaces of the transport vehicle.
- \* All emergency response equipment items used at the scene.
- \* Surrounding areas that have come in physical contact with spilled or leaked wastes, or in contact with contaminated equipment, and/or supplies used in the cleanup.

After decontamination, all affected areas shall be dried either by evaporation or by use of absorbent, rags, sponges or squeegees before the vehicle is placed back into service or leaves the scene of the spill or leakage.

All rinsate, rags, sponges, absorbent, squeegees and other supplies used in cleanup and disinfection operations shall be placed within a 3-mil red biohazard bag, then within a cardboard container, and disposed as infectious medical waste.

#### Personal Protection

Personnel engaged in the cleanup of spilled materials will wear personal protection equipment consisting of rubber gloves, a tyvek suit, goggles, and mask. After use, these items will be placed within a 3-mil red biohazard bag, then a cardboard container, and disposed as infectious medical waste.

#### Vehicle Crash, Fire, Natural Disaster

In the event of a motor vehicle crash, fire, or natural disaster involving infectious medical waste, initial actions by the transporter will be to:

- \* Seek medical attention if personal injury has occurred.
- \* Obtain emergency response (i.e., fire department, police) as needed, to abate actual or potential dangers to property, human health, or the environment.
- \* Notify the service unit contact person, who in turn, will notify the DEHS, AAIHS.

After conditions have been stabilized by the driver and/or emergency responders, all wastes being transported will be managed in accordance with the vehicle cleaning and disinfecting procedures outlined in this contingency plan. When a transport vehicle becomes immobilized or no longer suitable for the transport of medical wastes, the driver will notify the service unit contact person. The contact person will in turn make arrangements for the pickup and transfer of the infectious medical waste to another transport vehicle that meets State and U.S. Department of Transportation Standards.

#### Vehicle/Cargo Theft



In the event of theft of the vehicle, or any part of its medical waste cargo, the driver shall immediately notify the AAIHS Area Safety Officer, the highway patrol, local police, and the New Mexico Solid Waste Bureau.

4. Emergency Phone Numbers

A listing of emergency and notification persons/agencies and their telephone numbers is to be part of the contingency plan. A copy of this contingency plan shall be kept in the glove compartment of each transport vehicle, thus providing accessibility to emergency responders.

Emergency Equipment/Supplies

In order to respond to emergency situations (and as part of this contingency plan), the following items are to be maintained within each transport vehicle:

- \* One First Aid Kit (I.C.C. approved).
- \* Three highway flares, 30-minute type recommended.
- \* Two empty cartons, minimum 24" x 24" x 24" recommended.
- \* Five red biohazard bags.
- \* One gallon of disinfecting agent.
- \* One dust pan.
- \* One dust broom.
- \* One squeegee.
- \* One roll plastic tape, 50 yards minimum.
- \* Dry Absorbent material (5 lbs. minimum), such as diatomaceous earth, commercial cat litter (kalin clay and/or vermiculite) or absorbent paper towels.
- \* One A-B-C Fire Extinguisher, 2A:10B:C rating recommended.
- \* Two sets of rubber gloves, shoe covers, chemical goggles, coveralls (tyvek suit), and two dust and mist respirators (PPE).

EMERGENCY CONTACT TELEPHONE NUMBERS

Indian Health Service, Albuquerque Area

IHS Office of Env. Health & Engineering .....	(505) 766-2139
IHS Division of Env. Health Services .....	(505) 766-2155
Acoma-Canoncito-Laguna Indian Hospital .....	(505) 552-6634
Albuquerque Indian Hospital .....	(505) 256-4000
Mescalero Indian Hospital .....	(505) 671-4441
Santa Fe Indian Hospital .....	(505) 988-9821
Zuni Indian Hospital .....	(505) 782-4431

**State of New Mexico / Other Agencies**

Solid Waste Bureau .....	<u>(505) 827-2853</u>
Highway Patrol .....	911
Ambulance .....	911
Fire .....	911
Police .....	911



